



2012 ECONOMIC CENSUS

Life, Health, and Medical Insurance Carriers

DUE DATE
FEBRUARY 12, 2013

(Please correct any errors in this mailing address.)

Need help or have questions?

- **Read** the accompanying information sheet(s) before answering the questions.
- **Visit** econhelp.census.gov
- **Call** 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

FI-52401

**INFORMATION COPY
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Report Online - It's fast and secure!
Go to: econhelp.census.gov

- **OR** -

Mail your completed form to:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ballpoint pen.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Please center numbers in their respective boxes.
- Place an "X" inside the box.

Examples:

0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown to the left of the mailing address the same as the one used for this establishment on its latest 2012 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes - Go to **2** 0022 No - Enter current EIN (9 digits) → 0025

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2 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown in the mailing address? (P.O. Box and rural route addresses are not physical locations.)

0031 Yes - Go to line B

0032 No - Enter physical location →

0035	Number and street		
0036	City, town, village, etc.	0037	State
0038	ZIP Code		

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CONTINUE WITH **2** ON PAGE 2

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2 PHYSICAL LOCATION - Continued

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?
(Mark "X" only ONE box.)

- 0041 Yes 0042 No 0043 No legal boundaries 0044 Do not know

C. In what type of municipality is this establishment physically located?
(Mark "X" only ONE box.)

- 0046 City, village, or borough 0047 Town or township 0048 Other 0024 Do not know

3 OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2012?
(Mark "X" only ONE box.)

0011 In operation

0013 Temporarily or seasonally inactive

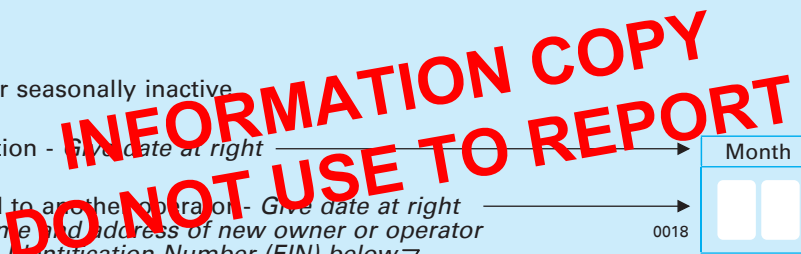
0014 Ceased operation - *Give date at right* →

Month	Day	Year

0015 Sold or leased to another corporation - *Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below* →

Month	Day	Year

 0018



0060 Name of new owner or operator	0061 EIN (9 digits)
	-

0062 Mailing address (Number and street, P.O. Box, etc.)

0063 City, town, village, etc.	0064 State	0065 ZIP Code
		-

0016 Other - *Specify* → 0815

4 MONTHS IN OPERATION

Mark "X" if None 2012 Number

Number of months in operation during 2012 (If none, mark "X" and go to 30.) 0002

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HOW TO REPORT DOLLAR FIGURES

Dollar figures should be **rounded to thousands** of dollars.

If a figure is **\$2,035,628.79:** **Report** →

If a value is "0" (or less than \$500.00): **Report** →

Mark "X" if None

2012		
\$ Bil.	Mil.	Thou.

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None 2012

Revenue 0100

\$ Bil.	Mil.	Thou.

6 Not Applicable.

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

7 EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown to the left of the mailing address or corrected in **7**.

Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

For further clarification, see information sheet(s).

Mark "X" if None

2012
Number

A. Number of employees for pay period including March 12, 2012 0030

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B. Payroll before deductions (Exclude employer's cost for fringe benefits.) Mark "X" if None

Mark "X" if None

2012

	\$ Bil.	Mil.	Thou.
1. Annual payroll 0300 <input type="checkbox"/>			
2. First quarter payroll (January-March 2012) 0310 <input type="checkbox"/>			

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8 - 18 Not Applicable.

19 KIND OF BUSINESS

Which ONE of the following best describes this establishment's principal kind of business in 2012? (Mark "X" only ONE box.)

Direct insurance carriers

- 0700 524 113 00 1 Life insurance carrier
- 524 113 00 2 Fraternal life insurance organization
- 524 113 00 4 Accident and disability income insurance carrier
- 524 114 10 1 Health insurance carrier
- 524 114 90 3 Dental and/or vision insurance carrier
- 524 114 90 1 Office of health maintenance organization - NOT providing hospital, medical, and/or dental services
- 524 114 90 2 Office of preferred provider organization - NOT providing hospital, medical, and/or dental services
- 524 114 90 4 Office of group hospitalization plan - NOT providing hospital, medical, and/or dental services
- 524 114 90 5 Office of hospital and/or medical service plan - NOT providing hospital, medical, and/or dental services
- 524 114 90 7 Office of dental insurance plan - NOT providing hospital, medical, and/or dental services
- 524 126 10 1 Property and casualty insurance carrier

CONTINUE WITH **19** ON PAGE 4

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19 KIND OF BUSINESS - Continued

Direct insurance carriers - Continued

- 0700 524 128 00 4 Burial insurance carrier
- 524 128 00 3 Other **direct** insurance carrier - *Specify* ↴

0701

Reinsurance carriers

- 524 130 00 8 Life **reinsurance** carrier
- 524 130 00 7 Accident and health **reinsurance** carrier
- 524 130 00 6 Office of hospital and/or medical service plan - **reinsurance** carrier
- 524 130 00 C Other **reinsurance** carrier - *Specify* ↴

0701

Other business activities

- 524 210 00 6 Insurance agent or broker
- 775 000 00 1 Other kind of business or activity - *Specify* ↴

0701

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20 and 21 Not Applicable.

HOW TO REPORT PERCENTS



Percents should be **rounded to whole** percents.

If figure is **38.76%** of total sales: **Report** →

2012			
Report thousands of dollars OR whole percents. Estimates are acceptable.			
\$ Bil.	Mil.	Thou.	Percent
			39

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Report sources of revenue for this establishment, either as a dollar figure or as a whole percent of total revenue (reported in 5). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more lines.)

Line 11 - Revenue includes burial insurance premiums.

Line 16 - Revenue includes claims adjustment, appraisal, and investigation services.

Description of sales, shipments, receipts, or revenue

1. Underwriting services for life insurance - net premiums earned

- a.** Individual term life 58011
- b.** Individual whole life 58012
- c.** Individual universal life 58013

2012			
Report thousands of dollars OR whole percents. Estimates are acceptable.			
\$ Bil.	Mil.	Thou.	Percent

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CONTINUE WITH **22** ON PAGE 5

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	2012			
	Report thousands of dollars OR whole percents. Estimates are acceptable.			
	\$ Bil.	Mil.	Thou.	Percent
1. Underwriting services for life insurance - net premiums earned - Continued				
d. Group life 58014				
e. Other life - <i>Specify</i> ↴				
f. Add lines 1a through 1e 58010				
2. Underwriting services for pensions and annuities - fees				
a. Variable deferred annuities 58031				
b. Fixed rate deferred annuities 58032				
c. Immediate annuities 58033				
d. Add lines 2a through 2c 58030				
3. Underwriting services for health and accident insurance - net premiums earned				
a. Dental service plans - group and individual 58044				
b. Individual medical service plans 58042				
c. Supplemental Medicare insurance plans 58045				
d. Supplemental CHAMPUS/TRICARE insurance plans 58046				
e. Group managed care medical service plans 58047				
f. Group fee-for-service medical service plans 58048				
g. Accidental death and dismemberment, and disability income insurance plans 58049				

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CONTINUE WITH **22** ON PAGE 6

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	2012			
	Report thousands of dollars OR whole percents. Estimates are acceptable.			
	\$ Bil.	Mil.	Thou.	Percent
3. Underwriting services for health and accident insurance - net premiums earned - Continued				
h. Other health and medical insurance services 58043				
i. Add lines 3a through 3h 58040				
4. Underwriting services for surety bonds and related products - net premiums earned 58060				
5. Underwriting services for vehicle property and liability insurance policies - net premiums earned 58070				
6. Underwriting services for property and liability insurance policies, except vehicle - net premiums earned 58080				
7. Underwriting services for product liability insurance policies - net premiums earned 58100				
8. Underwriting services for other general liability insurance policies, not elsewhere specified - net premiums earned 58110				
9. Underwriting services for traveler's insurance policies - net premiums earned 58120				
10. Underwriting services for title insurance policies - net premiums earned 58130				
11. Underwriting services for other direct insurance policies - net premiums earned 58140				
12. Reinsurance services for life and health insurance and annuities - premiums assumed 58150				
13. Reinsurance services for surety bond and related insurances - premiums assumed 58160				
14. Reinsurance services for property and casualty insurance - premiums assumed 58170				
15. Reinsurance services, not elsewhere specified - premiums assumed 58180				
16. Claims adjustment services 58210				
17. Insurance support services - third party administration 58230				
18. Trading debt instruments on own account - net gains (losses) 56510				
19. Trading equities on own account - net gains (losses) 56610				
20. Trading derivative contracts on own account - net gains (losses) 56710				

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	2012			
	Report thousands of dollars OR whole percents. Estimates are acceptable.			
	\$ Bil.	Mil.	Thou.	Percent
21. Trading foreign currency on own account - net gains (losses) 56810				
22. Trading other securities and commodity contracts on own account - net gains (losses) 56910				
23. Other services - <i>Specify</i> ↴ [Redacted]				
24. TOTAL (Should equal 5 if reporting in dollars. 59990)				100

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23-25 Not Applicable.

26 SPECIAL INQUIRIES

A. TAX STATUS

1. Was this establishment operated on a not-for-profit basis?

0106 Yes 0107 No - *Go to B*

2. Was all or part of the income of this establishment exempt from Federal income taxes under section 501 of the Internal Revenue Code?

0103 Yes 0104 No

CONTINUE WITH **26** ON PAGE 8

52401072



26 SPECIAL INQUIRIES - Continued

B. ADMINISTRATIVE EXPENSES AND BENEFITS PAID (LOSSES)

Report the benefits paid to policyholders (losses) and administrative expenses of providing insurance by this establishment during 2012.

INSTRUCTIONS FOR ADMINISTRATIVE EXPENSES

Include:

- Commissions paid to salespersons on premiums and annuity considerations, including commissions and expense allowances on reinsurance assumed (net of commissions received on reinsurance ceded).
- Wages, salaries, and other compensation.
- Insurance taxes, licenses, and fees.
- Increase in loading on, and cost of collection in excess of loading on, deferred and uncollected premiums.
- Aggregate write-ins for deductions.
- Investment expenses, including investment taxes, licenses, and fees on appreciation on real estate and other invested assets. Assign real estate investment expenses to item 8 (all other activities); assign all other investment expenses according to the distribution of reserves.
- Other general insurance expenses.

Exclude:

- Federal income taxes.

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Activity	2012			2012		
	Benefits paid (losses)			Administrative expenses		
	\$ Bil.	Mil.	Thou.	\$ Bil.	Mil.	Thou.
1. Life insurance and annuities . . . 5001				5021		
2. Life reinsurance 5008				5028		
3. Health insurance and hospital and medical service plans . . . 5002				5022		
4. Health and medical reinsurance 5009				5029		
5. Accident insurance 5010				5030		
6. Accident reinsurance 5011				5031		
7. Providing claims processing and other administrative services for other parties 5023						
8. All other activities (i.e., property and casualty, including reinsurance, etc.) . . 5004				5024		
9. TOTAL (Add lines 1 through 8.) 5005				5025		

27-29 Not Applicable.

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REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

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30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

Yes

No - Enter time period covered →

FROM	Month	Year	TO	Month	Year
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Name of person to contact regarding this report

Title

Area code	Number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>

Area code	Number
<input type="text"/>	<input type="text"/>

E-mail address

Date completed	Month	Day	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Thank you for completing your 2012 ECONOMIC CENSUS form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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